

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 237 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48D		
12	Form 470 Application Number:		704340000296620			16	Billing Account Number: (e.g. billed telephone number)		N/A	
						17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340			18	Contract Award Date (mm/dd/yyyy)		01/12/2001	
						19a	Service State Date (mm/dd/yyyy)		07/01/2001	
						19b	Service End Date (mm/dd/yyyy)		N/A	
14	Service Provider Name		Dell Marketing LP			20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <u>USFATCH0104</u>
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)					58999 –		
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	40%	\$3,000

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12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <u>USFATCH0104</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58940 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

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13	SPIN – Service Provider Identification Number:		143004340			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
						18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
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			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)								
23	Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K	
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0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500	

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		19a	Service State Date (mm/dd/yyyy) 07/01/2001
		19b	Service End Date (mm/dd/yyyy) N/A
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23	Calculations		

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

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					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
13	SPIN – Service Provider Identification Number: 143004340				18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
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			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

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		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

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13	SPIN – Service Provider Identification Number:		143004340		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
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					19a	Service State Date (mm/dd/yyyy)		07/01/2001		
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14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
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23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

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			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)								
23	Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K	
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11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						58965 -	
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity: Applicant #: 131976				Applicant's Form Identifier: DMPS4710101						
Contact Person: Greg Davis				Phone Number: 515-242-7773						
BLOCK 5: Discount Funding Request(s)				Page 248 of 319						
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections			15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48D			
12	Form 470 Application Number: 704340000296620			16	Billing Account Number: (e.g. billed telephone number)		N/A			
13	SPIN – Service Provider Identification Number: 143004340			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000			
				18	Contract Award Date (mm/dd/yyyy)		01/12/2001			
				19a	Service State Date (mm/dd/yyyy)		07/01/2001			
				19b	Service End Date (mm/dd/yyyy)		N/A			
14	Service Provider Name Dell Marketing LP			20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002			
21	Description of this Service:			You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						
				Attachment # USEATCH0104						
22	Entity/Entities Receiving this Service:			a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						
				b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)						
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101						
Contact Person: Greg Davis					Phone Number: 515-242-7773						
BLOCK 5: Discount Funding Request(s)					Page 249 of 319						
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.											
FRN # (to be assigned by administrator)											
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D		
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000		
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001		
					19a	Service State Date (mm/dd/yyyy)			07/01/2001		
					19b	Service End Date (mm/dd/yyyy)			N/A		
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <u>USEATCH0104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58934 -			
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)											
23	Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500	

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 250 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58931 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <u>USFATCH0104</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58968 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)								Page 252 of 319		
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48D		
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)		N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
					19a	Service State Date (mm/dd/yyyy)		07/01/2001		
					19b	Service End Date (mm/dd/yyyy)		N/A		
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0104	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.							
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)					265517		
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	100,000	0	100,000	100,000	63%	\$63,000

Billed Entity: Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0105		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58991 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 254 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48E	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143007606		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Norstan Communications		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0105	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				59005 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

Billed Entity Applicant #: 131976				Applicant's Form Identifier: DMPS4710101						
Contact Person: Greg Davis				Phone Number: 515-242-7773						
BLOCK 5: Discount Funding Request(s)					Page 255 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E			
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)	N/A			
13	SPIN – Service Provider Identification Number:		143007606		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
					18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
					19a	Service State Date (mm/dd/yyyy)	07/01/2001			
14	Service Provider Name		Norstan Communications		19b	Service End Date (mm/dd/yyyy)	N/A			
					20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.				Attachment # USFATCH0105			
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				58995 –			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	90%	\$4,500

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 256 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48E	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143007606		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Norstan Communications		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0105</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58944 –		
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)										
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 257 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48E	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143007606		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Norstan Communications		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0105</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					182009 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	40%	\$2,000

Billed Entity: Applicant #: 131976				Applicant's Form Identifier: DMPS4710101						
Contact Person: Greg Davis				Phone Number: 515-242-7773						
BLOCK 5: Discount Funding Request(s)					Page 258 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) RFP #00-48E				
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number) N/A				
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/2000				
13	SPIN – Service Provider Identification Number:		143007606		18	Contract Award Date (mm/dd/yyyy) 01/12/2001				
					19a	Service State Date (mm/dd/yyyy) 07/01/2001				
					19b	Service End Date (mm/dd/yyyy) N/A				
14	Service Provider Name		Norstan Communications		20	Contract Expiration Date (mm/dd/yyyy) 06/30/2002				
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							
			Attachment # <u>USFATCH10105</u>							
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				58919 –			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101						
Contact Person: Greg Davis					Phone Number: 515-242-7773						
BLOCK 5: Discount Funding Request(s)								Page 259 of 319			
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.											
FRN # (to be assigned by administrator)											
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48E		
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000		
13	SPIN – Service Provider Identification Number:		143007606		18	Contract Award Date (mm/dd/yyyy)			01/12/2001		
					19a	Service State Date (mm/dd/yyyy)			07/01/2001		
					19b	Service End Date (mm/dd/yyyy)			N/A		
14	Service Provider Name		Norstan Communications		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <u>USFATCH0105</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					28992 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)								
23	Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges			
A	B	C	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	60%	\$3,000	

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 260 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48E	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143007606		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Norstan Communications		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0105	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				58983 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	\$6,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 261 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)		RFP #00-48E		
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)		N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
13	SPIN – Service Provider Identification Number:		143007606		18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
					19a	Service State Date (mm/dd/yyyy)		07/01/2001		
					19b	Service End Date (mm/dd/yyyy)		N/A		
14	Service Provider Name		Norstan Communications		20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH0105</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58957 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	90%	\$4,500